TOTAL CHARGEABLE CLAIMS TOTAL CHARGEABLE CLAIMS minus 20 = "	R X84= R +280= R TOTAL OTHER SMALL RATE	180~ 870~ 1014~ THAN
INDEPENDENT CLAIMS minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS REMAINING REMAINING MINUS 3 = X42 = OR TOTAL OR COR TOTAL OR ADDI- TIONAL	X84= R +280= R TOTAL OTHER SMALL RATE	10/4- THAN ENTITY ADDI- TIONAL
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS REMAINING * PRESENT PATE TIONAL	+280= R TOTAL OTHER SMALL RATE	10/4- THAN ENTITY ADDI- TIONAL
* If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS HIGHEST PRESENT PATE TIONAL	+280= R TOTAL OTHER SMALL RATE	ADDI- TIONAL
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) CLAIMS REMAINING CLAIMS REMAINING TOTAL OF COLUMN 2 (Column 2) (Column 3) FRESENT CLAIMS REMAINING REMAINING REMAINING TOTAL OF TOTAL TOTAL	OTHER SMALL E	ADDI- TIONAL
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR CLAIMS HIGHEST NUMBER PRESENT DATE TIONAL	OTHER SMALL E	ADDI- TIONAL
CLAIMS HIGHEST ADDI- REMAINING NUMBER PRESENT DATE TIONAL		TIONAL
Total + 20 Minus + 30 = X\$ 9= 05		
	R X\$18=	
Independent * Minus *** 4 = 4 X42= OF	R X84=	744
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OF	+280=	
TOTAL OF	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)		
CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR HIGHEST PRESENT EXTRA RATE TIONAL FEE	RATE	ADDI- TIONAI FEE
AFTER AMENDMENT PAID FOR EXTRA Total * Minus ** = X\$ 9= OF Independent * Minus *** = X42= OF	A X\$18=	
Independent * Minus *** Table 1 X42= OF	R X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OF	200	
TOTAL OF	TOTAL	
(Column 1) (Column 2) (Column 3)	ADDIT FEE	
CLAIMS REMAINING REMAINING AFTER REVIOUSLY RESENT RATE TIONAL	RATE	ADDI- TIONA

(Column 2)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

(Column 1)

CLAIMS AS FILED - PART I

TOTAL CLAIMS .

FORM PTO-875 (HeV. 1202)

Total ·

Independent

AMENDMENT

Minus

Minus.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**

PAID FOR

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

OR

OR

FEE

X\$18=

X84=

+280=

ADDIT. FEE

TOTAL

X\$ 9=

X42=

+140=

ADDIT. FEE

TOTAL

FEE

Application or Docket Number

SMALL ENTITY

TYPE

OTHER THAN

SMALL ENTITY

RATE

EXTRA

BOSE MCKINNEY & EVANS LL

CUSTOMER NUMBER 25267

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204

PATENT APPLICATION

Applicant:

Zerhusen et al.

Serial No.:

10/644,122

Filing Date:

August 20, 2003

Title:

BED SIDERAILS HAVING FLEXIBLE PORTIONS

Group:

3673

Examiner:

Lee, J.

Attorney Docket No.:

8266-1126

Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

Certificate Under 37 C.F.R. 1.8(a)
I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mall in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.
On Juty 30, 2004 Dei Clar
D. Cwiklinski
Dated:

	CLAIMS A	S AMENDED			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	28	28	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	8	4	4	\$86	\$344
If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here. SMALL ENTITY TOTAL					\$344
TOTAL FEE FOR ADDITIONAL CLAIMS			\$344		

	An Extension of Time for month(s) is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is:	
	Information Disclosure Statement	,
	TOTAL FEE FOR THIS AMENDMENT	\$344
	A check in the amount of \$ to cover the total fee for this amendment is attached.	

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

01 FJ:2238

MARC IR

Attorney of Record

Printed Name: Ryan C. Barker Registration No.: 47,405

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6.	0	Request for Month extension of time in Application No					
		filed is enclosed herewith.					
7.		A check in the amount of \$ is enclosed to cover the extension of time.					
8.	0	A Preliminary Amendment is enclosed.					
9.	0	Cancel in this application original claims of the prior application.					
10.	0	Amend the specification by inserting before the first line the sentence: This is a continuation division of application Serial No filed					
11.	23	The original application was assigned from the inventors to Hill-Rom Services, Inc.					
12.	0	An assignment of the invention is enclosed herewith.					
13.	0	A check in the amount of \$ to cover the recordation fee for the					
13.	U	assignment is enclosed.					
14.	0	Request For Non-Publication and Certification Under 35 U.S.C. 122(b)(2)(B)(1)					
15.	<u> </u>	An Associate Power of Attorney form is enclosed.					
16.	×	Address all future communications to:					
		Bose McKinney & Evans LLP 2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204 Telephone: (317) 684-5000 Facsimile: (317) 684-5173					
17.	Ø	An Information Disclosure Statement is enclosed.					
18.	(2)	A PTO Form 1449 is enclosed.					
19.	⊠	The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during prosecution of this application, or credit any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.					
8	120/0	3 Proc C Bock					
Date		Attorney of Record Printed Name: Ryan C. Barker Reg. No.: 47,405					

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